

# **Seclusion and Restraint Reduction Intervention Advisory Council Meeting Minutes**

**December 18, 2008 at 1:30 pm**

Location: VSH Nursing Classroom

**Type of meeting:** Advisory

**Facilitator:** Ed Riddell, Alternatives to Seclusion and Restraint Coordinator at VSH

**Note taker:** Ed Riddell

**Advisory Council Members:** Cathy Rickerby, NAMI Vermont; Jane Winterling, VPS; Bill McMains, DMH; Patrick Kinner; Scott Perry; Anne Jerman; John O'Brien, Terry Rowe, and Tom Simpatico.

**Members:** Absent: David Mitchell, Sherry Burnette, Ed Paquin, and Janet Isham.

**Attendees:** Jackie Lehman

## **Discussed: Welcome and Introductions**

Ed Riddell opened the meeting and welcomed all attending members and guests. ER asked for members to introduce themselves since a public guest was present. ER presented the minutes from the previous meeting and asked if there were any changes needed. No changes were voiced and Cathy Rickerby and Scott Perry motioned to accept the minutes. Bill McMains seconded and the motion carried unanimously.

## **Discussed: Governing Body S/M/EIM data.**

ER provided the emergency involuntary data and presented that a general downward trend in emergency involuntary procedures (EIP) spiked up in November. Advisory Council members were interested in the spike and ER explained that several of these events were related to newly admitted patients. BM asked if these events might have increased due to the closure of the Treatment Mall. Anne Jerman replied that she did not think so. BM requested that the data have a timeline added to show when specific interventions were implemented. Cathy Rickerby requested again that the Advisory Council get the opportunity to review the EIP use by unit and shift as well. Terry Rowe explained that VSH staff needed to be provided with this data first, but that as soon as staff received the information then the Advisory Council could have it for review. Jane Winterling requested that the Advisory Council review the Certificate of Need (CON) forms without personal information on them and that the past EIP training given by David Mitchell last month was helpful for this process. TR reminded the Council that this training was focused on improving the process and only negative CONs were presented at that time. ER suggested that the AC might get into an unintended area of review if it attempted to survey every CON each month. ER suggested that a sampling of CONs be conducted and presented for February's meeting. SP explained that he was currently conducting an audit of the December CONs to closely review the documents. This audit's results might be available to the Council in the future. AJ reminded the Council that this type of audit is the way that VSH follows up to observe improvement by staff. JW expressed her concern that many EIPs are caused by rules enforcement. CR asked if a list of all the rules/regulations that are enforced on the units could be provided to the Council. ER tried to explain that the lists of rules could be obtained, but the subjective

information about which rules are being enforced and which are viewed as more flexible are not easily measurable at this time. TR expressed that a rules review process would attempt to capture this information and is a priority to develop, but will be a large undertaking needing significant resources to conduct. TR explained that different regulating bodies also view rule enforcement differently and CMS, for example, requires strict rule adherence even in the pursuit of trying to avoid an EIP. ER will provide a sampling of CONs for February to be surveyed.

#### **Discussed: Data Review and Structured Interviewing**

TR explained to the Council that she has created a new Clinical Data Measures group for the organization and identification of the data collecting, reporting, and use that occurs at VSH. This group includes all areas of the hospital and is early in its development as a process, but it should eventually address the questions posed by the Council about data review and its use to drive best practice. This will help Leadership make better decisions in regards to program improvements. TR presented that she had directed ER to convene a work group to focus on developing a structured interview process for use in the debriefing and oversight/witnessing interventions. JW shared that the data could be used to inform for staff training, et. al. TR concluded that because of the many regulating processes acting upon the VSH, many structures have been created and the newly developed group is the next step in using the collected information.

#### **Discussed: Strategic Plan for the Vermont State Hospital: Seclusion and Restraint Reduction Initiatives continued**

ER continued the overview of the VSH strategic plan for goals 1 and 3.

#### **Discussed: Goal 1 / Objective J**

Objective J requests that VSH Leadership address staff culture, training, and attitude change. The current use of NAPPI and the Vera Hank's Psychiatric Technician academy fulfill most of this role. S/R may be reduced by developing staff skills via training and providing input from staff in the development of future trainings. ER explained that one of the activities might be the creation of staff participating round table discussions. TR shared that she would be interested in the possible development of the round tables. John O'Brien said they would only be effective if they were conducted in a non-judgmental manner. JO also said it may take time for them to function. BM asked if other trainings can be folded into the process. CR asked for information on what curriculums are currently taught at VSH and how do they compare to other hospitals. TR explained that VSH's training is benchmarked against other state hospitals and AJ provided a list of examples currently being taught. AJ was asked to explain the violence prevention community meeting project again and did so.

#### **Discussed: Goal 1 /Objective K**

Objective K focuses on active clinical treatment and choice of activities provided to persons served. The Therapeutic and Recovery Services department is the main provider of these services and is supported by VSH leadership. Patrick Kinner described the services currently provided. CR asked for a description of skill building activities which PK provided. Jackie Lehman asked what was occurring with the treatment mall currently. TR provided information that the mall will remain closed to patients until CMS responds back to VSH. JL provided several very supportive comments and praised the treatment mall.

**Discussed: Goal 1 / Objective L**

Objective L addresses the Leadership support for a full time response to any EIP. Four different roles and responsibilities in responding to events are outlined. ER highlighted that this is the objective that TR requests the structured interviewing tool be developed for. Currently, only the described direct care staff role is sufficient to meet this intervention as described.

**Discussed: Goal 3 / Objective A**

ER introduced Goal 3 Workforce Development and Objective A. This object requests that VSH Education and Training department will introduce recovery, prevention, and other identified critical topics. David Mitchell was not in attendance to respond, but will be asked to provide supporting information in the future. JW asked that the wording in the key activities be changed to reflect that Consumers provided training. ER will correct the strategic plan.

**Discussed: Goal 3 / Objective B**

This intervention is the same as Goal 1 / Objective A. The mission, vision, and values statement which has been revised to included desired language by TR in November.

**Discussed: Goal 3 / Objective C**

This intervention requested the development of a workforce development committee. As written the Advisory Council was seen as the workforce development committee. BM questioned the Council's role in this and was concerned about being involved in work that only the VSH Leadership should direct. Consensus by all members was that this intervention as written should be removed and a workforce development committee should be developed separately from the Council if and when VSH Leadership chooses to do so.

**Discussed: Goal 3 / Objective D**

This objective requires VSH Education and Training curriculums be reviewed for the content in 14 different desirable topic areas. No timeline for review is currently set due to higher priority commitments, but a current review of trauma-informed training curriculum is currently taking place and will commence with a conducted training for staff in the future.

**Discussed: Goal 3 / Objective E**

This intervention focuses on the development of a staff review process for unit rules. This large endeavor is a next step intervention and high on Leadership's priority list. Currently, all staff can review newly created or modified VSH policy and procedure via the web or as an email discussion. ER will be asking staff for their interest in participating in such a review during the upcoming kickoff celebration. JW requested that patients are involved in the review. Tom Simpatico explained that the current reality regarding rule use will need to be discovered. BM expressed that this will be important work. SP expressed that the how to do this work is very important as well. JL expressed that how rules are enforced greatly impacts the patients. JW said that she thought the VPCM would address this as well and that consumer culture change is very important.

**Discussed: NTAC Consultants Site Visit**

ER provided information that the NTAC Consultants for the SAMHSA grant cancelled their visit in December due to weather. They will try again on Wednesday January 14<sup>th</sup>, Thursday January 15<sup>th</sup>, and Friday January 16<sup>th</sup>, 2009. ER explained that the agenda has been finalized and we hope that they will make it this time.

**Public Comment**

JL expressed that it is easy to look at graphed numbers for EIPs, but the focus needs to be on what occurred during the event. It is difficult just to look at the numbers and know what is happening. JL said she knew that lots of great work was being done and she would be interested in helping in any way she could.

The meeting adjourned at 3:40 pm. The next meeting will be at 1:30 pm on Thursday, February 19<sup>th</sup>, 2009 on the right side of the VSH Library. (Due to the proposed SAMHSA Consultant's visit the January Meeting is cancelled)

Respectfully submitted,

Ed Riddell  
Minute taker